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Bib Data Sheet

CONFIRMATION NO. 6453

|   |   |                                    |   |   |                                |
|---|---|------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/966,482  | <b>FILING DATE</b><br>09/28/2001<br><b>RULE</b>   | <b>CLASS</b><br>714                | <b>GROUP ART UNIT</b><br>2133<br>2654   | <b>ATTORNEY DOCKET NO.</b><br>04770.00023 |                                |
| <b>APPLICANTS</b><br>Ye Wang, Tampere, FINLAND;<br>Miikka Vilema, Tampere, FINLAND;<br><br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/770,113 01/24/2001 <i>Q</i><br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/29/2001.</b>      |   |                                    |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FINLAND | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>17                 | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>22907   |   |                                    |   |   |                                |
| <b>TITLE</b><br>System and method for compressed domain beat detection in audio bitstreams  |   |                                    |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>920   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |